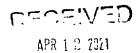
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Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT	Social Fit, l	LLC		
SUBJECT	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing	
		indence concerning this matter		
		Suzanne D. Meehle, Esq.		
			Name of Person	
		Mechle & Jay P.A.		
			Firm/Company	
		1215 E Concord Street		
			Address	
		Orlando, FL 32803		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further	information co	oncerning this matter, please c	all:	
Suzanne D	. Meehle, Esq	1	407 792-0790	
Name of Person		at () Area Code Dayt	ime Telephone Number	
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration S		Street Address: Registration S	ection
D	ivision of C	orporations	Division of Co	orporations
Р.	O. Box 632	1	The Centre of	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Social Fit. LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 09/11/2018	and assigned
This amendment is submitted to amend the following	· :	
A. If amending name, enter the new name of the		
Kurl, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD		
The part office address wider BE A British Ab		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
Annual underest MATT DE ATOST OFFICE BOA		
		
B. If amending the registered agent and/or registe	ered office address on our records, enter the nam	e of the new regist
gent and/or the new registered office address her	<u>e</u> :	
		三 元 元
Name of New Registered Agent:		ω.
		-3.
New Registered Office Address:	Estant Plant In account 11	· ::::
	Enter Florida street address	. 39 .: 39
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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II amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			Change

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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depart	specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.0207 uirements, this date will not be listed as
ecord specifies a delayed effective da is filed.	re, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
February 18	2021	
ieu		
	DocuSigned by:	